PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

0 830170

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			9		· .	·		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			9 mir	nus 20=	٠.٥			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			mi	inus 3 =	. 0			X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	∍ro, enter	"0" in (column 2	ı	TOTAL		OR	TOTAL	770		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
(Column 1)			-	(Colun		(Column 3)	7 6	SMALL		OR	SMALL :		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW	Total	*	Minus	**		=		X\$ 9=	· ·	OR	X\$18=		
AME.	Independent	*	Minus	***		-		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEP	'ENDEN I	CLAIM		, [+145=		OR	+290=		
							L	TOTAL		ا	TOTAL		
		Δ	ODIT. FEE		JO: 1	ADDIT. FEE							
	•	(Column 1)	1	(Colum		(Column 3)	٦ ٢			1 1			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=] [X\$ 9=	·	OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	CLAIM	= .	$\lfloor \lfloor$	X43=		OR	X86=		
لـــا	FINOI FREGE	MATION OF INC	LITTLE DE.	CLAIIV.		, [+145=		OR	+290=			
								TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	-	
	(Column 1) (Column 2) (Column 3)						•			_		·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER . OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	drikta	-:	<u> -</u>		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145-		Ì	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=	——	OR	TOTAL		
**	f the "Highest Nun	mber Previously Pa	aid For IN THIS	S SPACE is	less that	n 20, enter "20."	AI	DDIT. FEE		OR ,	DOIT. FEE		
		mber Previously Pa ober Previously Paid					er foun	id in the appi	ropriate box	in colu	ımn 1.		